·	/ OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Art A. NICKNAME LAST Hall	MI 	OFFICE USE ONLY Date Received TOPE
CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #; CO 2243 Shady Rock Circle PO Box 866 San Antonio TX 78293	CITY; STATE; ZIP CODE	Date Hand-delivered of Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST Mr. Chad J. NICKNAME LAST Muller	MI 	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI PO Box 866 San Antonio TX 78293	JITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 2 10 () - 479-9018	EXTENSION	
8 REPORT TYPE	January 15 X 30th day before election July 15 Sth day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO 01/01/2003	Month Day DUGH 04/03/200	Year
10 ELECTION	Month Day Year ELECTION TYI 05/03/2003		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other City Council	(SAT) 8
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exp Candidates are required to disclose this information of Name Address/PO Box; Apt / Suite #, City; State; 2	penditures made by others without the car only if they receive notification of the direc	ndidate's prior consent or approval. It campaign expenditure.
additional pages			
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

			COVER SHEET PG 2
14 C/OH NAME			15 ACCOUNT #(Ethics Commission Siers)
16 NOTICE FROM POLITICAL	may have been mad	obtice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	CITY OF
	GENERAL SPECIFIC	COMMITTEE ADDRESS	SAN Y CL
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	T EAR TO RX TO N
		COMMITTEE CAMPAIGN TREASURER ADDRESS	28
17 NO REPORTABLE ACTIVITY	Check here if i	no reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and 2 only)
18 CONTRIBUTION TOTALS	1. TOTAL i PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS). UNLESS ITEMIZED	\$ 3045.50
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25940.50
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 230.04
	4. TOTAL	POLITICAL EXPENDITURES	\$ 26114.52
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 4822.43
AFFIX NOTARY STAME	ANTE OF TEARS CAPIRES O4-04-2005	I swear, or affirm, under penalty of pergis true and correct and includes all informe under Title 15, Election Code. Signature of Candida	rmation required to be reported by
Sworn to and subscribe		he said ART A. HAW.	this the day
Milliau S., Signature of officer adm	ly	Melinda S lopez N	(cham)
- 3		Printed name of officer administering oath Title of	of officer administering oath

POLITICAL CONTRIBUTIONS RECEIVED SCHEDULE A 1 OTHER THAN PLEDGES OR LOANS CITY OF SAN ANTONIO (FOR FORMS C/OH & SPAC)

	The INSTRUCT	ON GUIDE explains how to complete this form.	2003 APR -	Total pages this	report:
		The second of the complete and form.		3/5/	
!	FILER NAME Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
_	· · · · · · · · · · · · · · · · · · ·			00000000	
1	Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/06/2003	6 Contributor address; City; State; Zip Code 1900 West Loop South,Suite 600		250.00	
		Houston TX 77027			
	Principal occup	pation (Optional)	10 Employer (Option	al)	
-	Date	Full pages of contributor			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/27/2003	Contributor address; City; State; Zip Code 7353 Summer Place		100.00	
		San Antonio TX 78250	İ		
	Principal occup	ation (Optional)	Employer (Optiona	al)	
_	Date	Full name of contributor ut-of-state PAC(ID#	,	Amount of	In-kind contribution
		Mr. & Mrs. Jose A. & Griselda Alfaro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	contribution (\$)	description (if applicable)
	01/15/2003	Contributor address; City; State; Zip Code 16911 Hidden Oak Woods		100.00	
		San Antonio TX 78258			
	Principal occup	ation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor)	Amount of	In-kind contribution
		Mr. & Mrs. Jose A. & Griselda Alfaro		contribution (\$)	description (if applicable)
	02/06/2003	Contributor address; City; State; Zip Code 16911 Hidden Oak Woods		25.00	
		San Antonio TX 78258			
Principal occupation (Optional)		Employer (Optiona	l)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/04/2003	Contributor address; City; State; Zip Code 1301 McKinney Street,Suite 3300		500.00	
		Houston TX 77010			
	Principal occup	ation (Optional)	Employer (Optiona	1)	

POLITICAL CONTRIBUTIONS CITY OF SAN ANTONIO SCHEDULE A 1 OTHER THAN DIEDGES OR 1 CANCELLOSS (512)463-5800 POLITICAL CONTRIBUTIONS CITY OF SAN ANTONIO (512)463-5800 1-800-325-8506 SCHEDULE A 1 (FOR FORMS CICH & SPACE)

The	INSTRUCTION	อง Guide explains how to complete this form.	7003 APR - 3 +	1 Total pages this	•
	R NAME Art A. F			3 ACCOUNT # 00000000	(Ethics Commission filers)
Da	ate	5 Full name of contributor ☐ out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
01/1	13/2003	6 Contributor address; City; State; Zip Code 5 Rogers Wood		100.00	
	i	San Antonio TX 78248			
Princ	cipal occup	ation (Optional)	10 Employer (Option	al)	<u> </u>
Da	ate	Full name of contributor ut-of-state PAC(ID# Mr. Unknown Anonymous		Amount of contribution (\$)	In-kind contribution description (if applicable
02/0	06/2003	Contributor address; City; State; Zip Code None		25.00	
		San Antonio TX 78205			1
Princ	ipal occup	ation (Optional)	Employer (Option	al)	
Da	ate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/0	06/2003	Contributor address; City; State; Zip Code None		25.00	
		San Antonio TX 78205			
Princ	cipal occup	ation (Optional)	Employer (Option	al)	
Da	ate	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/0	06/2003	Contributor address; City; State; Zip Code None		25.00	
		San Antonio TX 78205			
Princ	ipal occup	ation (Optional)	Employer (Option	al)	
Da	ate	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/0	06/2003	Contributor address; City; State; Zip Code None		50.00	
		San Antonio TX 78205		:	1
Principal occupation (Optional)		Employer (Option	al)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAMS OF SAN ANTONIO CITY CLERK

			CITY CLERK			
Ti	he Instruction	ON GUIDE explains how to complete this form.	2003 APR -	3 F	11: T2aBoages this	
	LER NAME fr. Art A. H				3 ACCOUNT#	(Ethics Commission filers)
4	Date	Full name of contributor out-of-state PAC(ID# Mr. Unknown Anonymous)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02	2/06/2003	6 Contributor address; City; State; Zip Code None			50.00	
		San Antonio TX 78205				
9 Pri	incipal occup	pation (Optional)	10 Employer (Option	l pal)	1
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02	2/06/2003	Contributor address; City; State; Zip Code None			50.00	
Pri	incipal occup	San Antonio TX 78205 pation (Optional)	Employer (Ontion	ام	
				Option	al)	
· ·	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02	2/06/2003	Contributor address; City; State; Zip Code None			50.00	
		San Antonio TX 78205				
Pri	ncipal occup	ation (Optional)	Employer (Optional)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02	2/06/2003	Contributor address; City; State; Zip Code None			50.00	
		San Antonio TX 78205				
Pri	ncipal occup	ation (Optional)	Employer (Optional)			
(Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02	2/06/2003	Contributor address; City; State; Zip Code None			50.00	
		San Antonio TX 78205				<u> </u>
Prir	ncipal occupa	ation (Optional)	Employer (Option	al)	

OTHER THAN PLEDGES OR LOANS CITY OF SAN ANTONIOR FORMS C/OH & SPAC) **POLITICAL CONTRIBUTIONS**

				CITY CLERK		
	The Instruction	ON GUIDE explains how to complete this form.	2003 APF	1_ Jotal page this	gegort:	
2	FILER NAME Mr. Art A. F			3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#	:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/04/2003	6 Contributor address; City; State; Zip Code None		50.00		
		San Antonio TX 78205				
9	Principal occup	ation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/04/2003	Contributor address; City; State; Zip Code None		50.00		
		San Antonio TX 78205	- (0.1	1)		
	Principal occup	ation (Optional)	Employer (Option	ai)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2003	Contributor address; City; State; Zip Code None		50.00		
		San Antonio TX 78205				
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor) 1	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/06/2003	Contributor address; City; State; Zip Code 11811 Queenspoint Drive		100.00		
		San Antonio TX 78251			1	
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/08/2003	Contributor address; City; State; Zip Code 450 Tophill Road		200.00		
		San Antonio TX 78209				
	Principal occup	ation (Optional)	Employer (Option	ai)		

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	
2 FILER NAME Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
4 Date 04/01/2003	5 Full name of contributor ☐ out-of-state PAC(ID#_Mr. & Mrs. Thomas E. and Jane Schussler Bak	er	7 Amount of contribution (\$)	8 In and common panded desemblion (Exposition (Exposition (Exposition)) CLE NATION OF THE RESERVE OF THE RESER
9 Principal occup	pation (Optional)	10 Employer (Option	al)	28
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2003	Contributor address; City; State; Zip Code 221 Madison San Antonio TX 78204		100.00	
Principal occup	ation (Optional)	Employer (Options	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2003	Contributor address; City; State; Zip Code 40 High Crescent		500.00	
Principal occup	San Antonio TX 78257-1302 pation (Optional)	Employer (Options	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2003	Contributor address; City; State; Zip Code 6203 Shady Brook San Antonio TX 78239		100.00	
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor ut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2003	Contributor address; City; State; Zip Code 106 Meadow Path Drive San Antonio TX 78227-1637		100.00	
Principal occup	ation (Optional)	Employer (Optiona	il)	

	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 Total pages this 8/56	•
2	FILER NAME Mr. Art A. I			3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#	•	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/04/2003	6 Contributor address; City; State; Zip Code 1910 Thicket Trail Drive San Antonio TX 78248-1812		200.00	CITY PAR CITY STATE OF
9	Principal occup	ation (Optional)	10 Employer (Option	al)	TYSA TYSA
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution of description if application
	02/28/2003	Contributor address; City; State; Zip Code 6301 Gaston Avenue Dallas TX 75214		250.00	1: 28
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/24/2003	Contributor address; City; State; Zip Code 4013 Fossil Creek		100.00	
		San Antonio TX 78261			1
	Principal occup	ation (Optional)	Employer (Optional)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2003	Contributor address; City; State; Zip Code 5921 Shady Crest Trail		250.00	
		Dallas TX 75241			1
Principal occupation (Optional)		ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/03/2003	Contributor address; City; State; Zip Code 111 Soledad,Suite 110		100.00	
		San Antonio TX 78205			
	Principal occup	ation (Optional)	Employer (Option	al)	

	The Instruction Guide explains how to complete this form.		1 Total pages this report:	
FILER NAM Mr. Art A.	—		9/5/ 3 ACCOUNT #	(Ethics Commission filers)
Date	5 Full name of contributor out-of-state PAC(ID# SMSGT (Ret) Charles E. Burks)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
02/06/2003	6 Contributor address; City; State; Zip Code 10302 Conehill		100.00	
	San Antonio TX 78245			
Principal occu	pation (Optional)	10 Employer (Option	nal)	3 375
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/11/2003	Contributor address; City; State; Zip Code TX 281 RV Park PO Box 420 Bulverde TX 78163		100.00	TONIO K V V V V V V V V V V V V V V V V V V
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
01/24/2003	Contributor address; City; State; Zip Code 2907 Hunters Hideaway		100.00	
Principal occup	San Antonio TX 78230 pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2003	Contributor address; City; State; Zip Code 901 Moser River Drive		125.00	
	Leander TX 78641			
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 218 Thorain		200.00	
	San Antonio TX 78212			
	ation (Optional)	Employer (Optional	ni)	· · · · · · · · · · · · · · · · ·

	TION GUIDE explains how to complete this form.		1 Total pages this	s report:
FILER NAM			· I	/56
Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor uut-of-state PAC(ID#		00000000	5
	Cassandra Pittman Eddington)	7 Amount of contribution (\$)	8 In-less contribution description (if applicat
02/20/2003	6 Contributor address; City; State; Zip Code 8780 Timber Wilde		100.00	1 1 S
	San Antonio TX 78250			口質
Principal occu	upation (Optional)	10 Employer (Option	ial)	F.
Date	Full name of contributor uul-of-state PAC(ID#)	Amount of	In-kind contribution
	Mr. and Mrs. Tomas R. and Sylvia A. Enriquez	,	contribution (\$)	description (if applicable
02/24/2003	Contributor address; City; State; Zip Code 3326 Tavern Oaks		125.00	<u> </u>
	San Antonio TX 78247-4805			1
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC(ID#)	Amount of	In-kind contribution
	Mr. and Mrs. Jim and Andrea Eskin		contribution (\$)	description (if applicabl
02/15/2003	Contributor address; City; State; Zip Code 10410 Pelican Oak Drive		100.00	Fundraiser food/supplie
	San Antonio TX 78254-6727			
Principal occu	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Mr. and Mrs. Jim and Andrea Eskin	,	contribution (\$)	description (if applicable
03/04/2003	Contributor address; City; State; Zip Code 10410 Pelican Oak Drive		100.00	
	San Antonio TX 78254-6727	ĺ		
Principal occup	pation (Optional)	Employer (Optiona	1)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/01/2003	Contributor address; City; State; Zip Code 14039 Cedar Canyon		100.00	
ı	San Antonio TX 78231-1985			
	ation (Optional)	Employer (Optional		

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	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 Total pages this report: 11/56		
2	FILER NAME Mr. Art A. I			3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC(ID# out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind ontribution description (if applicable)	
	03/14/2003	6 Contributor address; City; State; Zip Code 1815 Fieldstone Road		150.00	3 PSE	
		San Antonio TX 78232			4. 1	
9	Principal occup	pation (Optional)	10 Employer (Option	al)	78	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/06/2003	Contributor address; City; State; Zip Code 19427 Sunset Meadow		200.00	 	
	Principal occup	San Antonio TX 78258 pation (Optional)	Employer (Option	al)		
<u> </u>						
	Date	Full name of contributor	······)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/04/2003	Contributor address; City; State; Zip Code 115 Donella Drive		200.00		
		San Antonio TX 78232				
	Principal occup	pation (Optional)	Employer (Option	al)		
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/11/2003	Contributor address; City; State; Zip Code 507 Center Street		200.00		
		San Antonio TX 78202				
	Principal occup	ation (Optional)	Employer (Option	al)		
	Date	Full name of contributor ut-of-state PAC(ID# Tom Frost III)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/18/2003	Contributor address; City; State; Zip Code PO Box 2361		100.00		
		San Antonio TX 78298				
	Principal occup	ation (Optional)	Employer (Optiona	al)		
-						

The INSTRUCT	TION GUIDE explains how to complete this form.		1 Total pages this	
2 FILER NAM	—		3 ACCOUNT#	(Ethics Commission filers)
Mr. Art A.			00000000	
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution 30 description (if applicable)
02/06/2003	6 Contributor address; City; State; Zip Code 319 Maverick Street		100.00	A CLAS
	San Antonio TX 78212-4637			り発
9 Principal occu	pation (Optional)	10 Employer (Option	al)	22
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 315 Finton Avenue		100.00	
Principal occu	San Antonio TX 78204-2109 pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2003	Contributor address; City; State; Zip Code 25507 Mesa Ranch		150.00	
	San Antonio TX 78258-4821			
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor out-of-state PAC(ID#Mr. & Mrs. Carlos & Mary Garcia		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2003	Contributor address; City; State; Zip Code 15103 Bandera Road		200.00	
	Helotes TX 78023			
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 8030 Gardent Court	• • • • • • • • • • • • • • • • • • • •	100.00	
	San Antonio TX 78239			
Principal occup	ation (Optional)	Employer (Optiona	l)	

	The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	
2	FILER NAME Mr. Art A. I			3 ACCOUNT#	(Ethics Commission filers)
4	Date	Full name of contributor out-of-state PAC(ID# Mr. J. Abel Godines)	7 Amount of contribution (\$)	8 In-kind control of a description (if a parios bet)
	02/24/2003	6 Contributor address; City; State; Zip Code 19723 La Sierra		250.00	TONIO N: 28
		San Antonio TX 78249			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/06/2003	Contributor address; City; State; Zip Code 47 Donore Square		100.00	
		San Antonio TX 78229			
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/06/2003	Contributor address; City; State; Zip Code 19539 Azure Oak	• • • • • • • • • • • • • • • • • • • •	100.00	
		San Antonio TX 78258			
	Principal occup	ation (Optional)	Employer (Options	ai)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/04/2003	Contributor address; City; State; Zip Code 13718 Stony Forest		200.00	
		San Antonio TX 78231			
Principal occupation (Optional)			Employer (Optional)		
	Date	Full name of contributor uut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/06/2003	Contributor address; City; State; Zip Code 9734 Horseshoe Pass		100.00	
		San Antonio TX 78254]	
	Principal occup	ation (Optional)	Employer (Optiona	1)	

CITY (PER PORMS CON & SPAC)

CITY CLERK				
The INSTRUCT	IION GUIDE explains how to complete this form.		1 Tota	Pepork P 4: 28
2 FILER NAM			3 ACCOUNT#	(Ethics Commission filers)
Mr. Art A.			00000000	
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/18/2003	6 Contributor address; City; State; Zip Code 9734 Horseshoe Pass		75.00	
	San Antonio TX 78254			
9 Principal occu	pation (Optional)	10 Employer (Option	ai)	
		Copilori		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2003	Contributor address; City; State; Zip Code 6503 Buena Vista		100.00	
	San Antonio TX 78237			!
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor ut-of-state PAC(ID#	\	Amount of	In kind contribution
	Mr. Woodruff B. Halsey	/	contribution (\$)	In-kind contribution description (if applicable)
03/23/2003	Contributor address; City; State; Zip Code 3000 Charter Rock		200.00	
	San Antonio TX 78230			
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 310 Adams Street		100.00	
	San Antonio TX 78210			
Principal occup	ation (Optional)	Employer (Optiona	1)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2003	Contributor address; City; State; Zip Code 822 Ellison Drive		100.00	
	San Antonio TX 78245		ļ	
Principal occup	ation (Optional)	Employer (Optional))	
- The coup			,	

Date	Full name of contributor out-of-state PAC(ID# IBEW COPE)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/14/2003	Contributor address; City; State; Zip Code 1125 15th Street,NW		500.00	
	Washington DC 20005			<u> </u>
Principal occup	oation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 9843 Greentree		50.00	
	San Antonio TX 78230			
Principal occup	ation (Optional)	Employer (Option	al)	

RECEIVED SCHEDULE A 1
CITY OF SAN ANIONHMIS C/OH & SPAC)
CITY CLERK

				\$
The Instructi	ION GUIDE explains how to complete this form.	201	APRAIDAR this	
2 FILER NAME Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
4 Date	Full name of contributor out-of-state PAC(ID# Mr. and Mrs. Daniel and M. Cynthia Ingle)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/24/2003	6 Contributor address; City; State; Zip Code 9843 Greentree		25.00	
	San Antonio TX 78230			1
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2003	Contributor address; City; State; Zip Code 40 High Cresent		500.00	
Principal occur	San Antonio TX 78257-1302 Dation (Optional)	F	- 13	
7 Tincipal occup	Sation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 3139 Candlewood Lane		50.00	
	San Antonio TX 78217			
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2003	Contributor address; City; State; Zip Code 3139 Candlewood Lane		50.00	
	San Antonio TX 78217			
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2003	Contributor address; City; State; Zip Code 2270 Libreville Place		200.00	
	Dulles VA 20189			
Principal occup	ation (Optional)	Employer (Optiona	al)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY OF SAN ANTONIO FORMS COOR & SPAC)

SCHEDULE A 1

			ITY CLERK	
The INSTRUCT	TION GUIDE explains how to complete this form.	2003 APR	1 3 Total pages this	report:
2 FILER NAM Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/10/2003	6 Contributor address; City; State; Zip Code 2270 Libreville Place		200.00	
	Dulles VA 20189			
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor ul-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2003	Contributor address; City; State; Zip Code 233 Lotus	• • • • • • • • • • • • • • • • • • • •	200.00	
	San Antonio TX 78210			
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2003	Contributor address; City; State; Zip Code M. Carolyn Fuentes 101 Newbury Terrace San Antonio TX 78209-2834		500.00	
Principal occupation (Optional)		Employer (Optiona	1)	
Date	Full name of contributor out-of-state PAC(ID# Mr. & Mrs. Bruce David & Samantha J. Kennedy	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2003	Contributor address; City; State; Zip Code 706 Walder Trail		500.00	
	San Antonio TX 78258			
Principal occup	ation (Optional)	Employer (Optiona)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/08/2003	Contributor address; City; State; Zip Code 11105 Forest Lagoon		100.00	
	San Antonio TX 78233-4824		i I	
Principal occup	ation (Optional)	Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SAN ANTONIO

CITY CLERK			ONIO	
The Instructi	ON GUIDE explains how to complete this form.	3 APR -3 P L	1 Total pages this	
2 FILER NAME Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
IVII. AILA.	•		00000000	
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/2003	6 Contributor address; City; State; Zip Code 3110 Twisted Creek		100.00	<u> </u>
	San Antonio TX 78230			
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2003	Contributor address; City; State; Zip Code 8207 Callaghan,Suite 350		500.00	
	San Antonio TX 78230			<u> </u>
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2003	Contributor address; City; State; Zip Code 8207 Callaghan,Suite 350		500.00	
	San Antonio TX 78230			
Principal occup	ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 3107 Sable Creek		100.00	
	San Antonio TX 78259			
Principal occup	ation (Optional)	Employer (Options	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2003	Contributor address; City; State; Zip Code 11218 Jade Green		500.00	
	San Antonio TX 78249-5002			
Principal occup	ation (Optional)	Employer (Options	ai)	

The Instruct	TION GUIDE explains how to complete this form.	2003 APR	CEIVED SAN ANTONIO Y CLERK	
FILER NAM Mr. Art A.			3 ACCOUNT#	(Ethics Commission filers)
			00000000	
Date	5 Full name of contributor ☐ out-of-state PAC(ID#_Pascal R. Lewis)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/18/2003	6 Contributor address; City; State; Zip Code 577 Pryor Street		150.00	
	Atlanta GA 30312-2740			<u> </u>
Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC(ID#	,	A	
	Mr. & Mrs. Martin E. & Kathleen Loeber)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/04/2003	Contributor address; City; State; Zip Code 9215 Schoolhouse		500.00	
	San Antonio TX 78255			
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Eugene W. Marck		contribution (\$)	description (if applicable
03/24/2003	Contributor address; City; State; Zip Code 5018 Kenton View		25.00	
	San Antonio TX 78240			
Principal occup	ation (Optional)	Employer (Optiona	ai)	
Date	Full name of contributor out-of-state PAC(ID#	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of	In-kind contribution
	Eugene W. Marck		contribution (\$)	description (if applicable)
03/25/2003	Contributor address; City; State; Zip Code 5018 Kenton View		50.00	
	San Antonio TX 78240		[
Principal occup	ation (Optional)	Employer (Optional	ıl)	
Date	Full name of contributor uut-of-state PAC(ID#	11	Amount of	In-kind contribution
:	Oanh H. Maroney		contribution (\$)	description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 4213 Golden Oak		50.00	
	San Antonio TX 78154			
Principal occup	ation (Optional)	Employer (Optiona	<u> </u>	

<u>Texas Ethics Commission</u> P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAMSY OF SAN ANTONIO

Principal occupar	fall 5 Full name of contributor □ out-of-state PAC(ID#_ Oanh H. Maroney 6 Contributor address; City; State; Zip Code 4213 Golden Oak San Antonio TX 78154		14: T2 pages this 20/ 3 ACCOUNT # 00000000 7 Amount of contribution (\$) 25.00	
Date 03/24/2003 Principal occupal Date 03/04/2003	5 Full name of contributor out-of-state PAC(ID#_Oanh H. Maroney 6 Contributor address; City; State; Zip Code 4213 Golden Oak San Antonio TX 78154 stion (Optional) Full name of contributor out-of-state PAC(ID#_		3 ACCOUNT # 00000000 7 Amount of contribution (\$)	(Ethics Commission filers)
Date 03/24/2003 Principal occupal Date 03/04/2003	5 Full name of contributor out-of-state PAC(ID#_Oanh H. Maroney 6 Contributor address; City; State; Zip Code 4213 Golden Oak San Antonio TX 78154 stion (Optional) Full name of contributor out-of-state PAC(ID#_		7 Amount of contribution (\$)	
03/24/2003 Principal occupal Date 03/04/2003	Oanh H. Maroney 6 Contributor address; City; State; Zip Code 4213 Golden Oak San Antonio TX 78154 ation (Optional) Full name of contributor ut-of-state PAC(ID#_		7 Amount of contribution (\$)	
Principal occupa Date 03/04/2003	6 Contributor address; City; State; Zip Code 4213 Golden Oak San Antonio TX 78154 ation (Optional) Full name of contributor ut-of-state PAC(ID#_		25.00	
Date 03/04/2003	Full name of contributor ut-of-state PAC(ID#_	10 Employer (Option		:
Date 03/04/2003	Full name of contributor ut-of-state PAC(ID#_	10 Employer (Option	i .	
03/04/2003	Full name of contributor uut-of-state PAC(ID#_		nal)	
03/04/2003	Mr. and Mrs. Robert H and Loretta R McAtoo	L	T .	1
)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code 11314 Lima		100.00	
	San Antonio TX 78213			
Principal occupat	tion (Optional)	Employer (Option	al)	
Date A	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/18/2003	Contributor address; City; State; Zip Code 25814 Peregrine Reading		100.00	
s	San Antonio TX 78258-2588			
Principal occupati	ion (Optional)	Employer (Options	ai)	
Date N	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/15/2003	Contributor address; City; State; Zip Code 24523 Bogey Ridge		100.00	·
s	San Antonio TX 78258	· ·	İ	
Principal occupation	on (Optional)	Employer (Optiona		
Date M	Full name of contributor out-of-state PAC(ID# Mr. & Mrs. Neldon W. and Beth S. Milstead)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2003	Contributor address; City; State; Zip Code 22 Madison		100.00	
Sa	an Antonio TX 78204		İ	
Principal occupation	on (Optional)	Employer (Optional)	

	Buddy Morris		contribution (\$)	description (if applicable)
03/14/2003	Contributor address; City; State; Zip Code 120 Austin Highway Suite 105 San Antonio TX 78209-5339		500.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID# Jerry L. and Ann Lee Morrissey)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2003	Contributor address; City; State; Zip Code 19631 Encino Way		100.00	
	San antonio TX 78259			
Principal occup	ation (Optional)	Employer (Options	ai)	

	пом Guide explains how to complete this form.	CITY OF	BAN ANTONIC	report:
FILER NAM Mr. Art A.		2803 ADD	3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor uut-of-state PAC(ID#_	2003 APR	7 Amount of	T_
	Mr. and Mrs. Chad J. and Sherry W. Muller		contribution (\$)	8 In-kind contribution description (if applicable
02/27/2003	6 Contributor address; City; State; Zip Code 2627 Country Hollow		100.00	Fundraiser food/supplies
	San Antonio TX 78209			
Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC(ID#_	1	Amount of	In kind contains
	Chad Muller		contribution (\$)	In-kind contribution description (if applicable)
00/01/01				
03/04/2003	Contributor address; City; State; Zip Code 2627 Country Hollow		250.00	1
				! }
Data stand	San Antonio TX 78209			
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC(ID#)	Amount of	In-kind contribution
	Sherry W. Muller		contribution (\$)	description (if applicable)
00/04/0000	Contributor of the contributor of			Fundraiser food/supplies
03/04/2003	Contributor address; City; State; Zip Code 2627 Country Hollow		100.00	
	San Antonio, TV, 70000			
Principal occur	San Antonio TX 78209 Dation (Optional)	5		
	()	Employer (Optiona	ai) 	
Date	Full name of contributor)	Amount of	In-kind contribution
	Sherry W. Muller		contribution (\$)	description (if applicable)
03/04/2003	Contributor address; City; State; Zip Code		050.00	
33.3 112300	2627 Country Hollow		250.00	
	San Antonio TX 78209		ļ	
Principal occup	pation (Optional)	Employer (Optiona	i)	,
Date	Full name of contributor ut-of-state PAC(ID#		Amount of	In Edward and Market
	Mr. and Mrs. W. Frank and Nancy J. Newton	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2003	Contributor address; City; State; Zip Code		.	
02/11/2003	206 West Caldwood Road		100.00	
	Beaumont TX 77707			
Principal occup	ation (Optional)	Employer (Optiona))	
,				

Texas Ethics Cor	mmission P.O.Box 12070 Austin	, Texas 78711-2070	(512)46	63-5800 1-800-325-850 0
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS CITY	RECEIVED OF SAN ANTOI SITY CLERK	SCHEDULE A 1 (FOR FORMS C/OH & SPAC)
The INSTRUCTI	ON GUIDE explains how to complete this form.	2003 A	1 Total pages this	
2 FILER NAME Mr. Art A. I		1903 N	3 ACCOUNT #	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/24/2003	6 Contributor address; City; State; Zip Code 5230 Newcastle Lane		100.00	
	San Antonio TX 78249			
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor oul-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/15/2003	Contributor address; City; State; Zip Code 5230 Newcastle		100.00	Fundraiser food/supplies
	San Antonio TX 78249			<u> </u>
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor	,	Amount of	In him do a naturbo di an
	Ms. Linda F. Penn		contribution (\$)	In-kind contribution description (if applicable)
02/06/2003	Contributor address; City; State; Zip Code 111 Soledad Street Suite 1900 San Antonio TX 78205		100.00	
Principal occupation (Optional)		Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#	,	Amount of	In bind contain dies
30.0	Daniel V. Pozza		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2003	Contributor address; City; State; Zip Code 19107 Autumn Garden		100.00	
	San Antonio TX 78258			
Principal occup	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor uut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2003	Contributor address; City; State; Zip Code 11911 Briar Patch		60.00	
	San Antonio TX 78249			
Principal occup	ation (Optional)	Employer (Options	ai)	

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CITY OF SAN ANTONOHEDULE A 1
CITY CI FREDR FORMS C/OH & SPAC)

03/24/2003 6 Contributor address; 320 Lexington Avenue San Antonio TX 78215 7 Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#	Mr. Art A. Hall Date S Full name of contributor out-of-state PAC(IDM) 7 Amount of contribution (if applied applied applied 03/24/2003 6 Contributor address; City: State; Zip Code 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	The INSTRUCT	ION GUIDE explains how to complete this form.	200	APR 3 1 Total pages this 24/	•
Date S Full name of contributor out-of-state PAC(IDH 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	Date 5 Full name of contributor		_		,	(Ethics Commission filers)
O3/24/2003 Contributor address: 320 Lexington Avenue San Antonio TX 78205	O3/24/2003 Contributor address; 320 Lexington Avenue San Antonio TX 78215 San Antonio TX 78215 Principal occupation (Optional) Out-of-state PAC(ID#	1 Date)	7 Amount of	8 In-kind contribution description (if applicable)
Principal occupation (Optional) 10 Employer (Optional)	Principal occupation (Optional) 10 Employer (Optional)	03/24/2003	6 Contributor address; City; State; Zip Code		100.00	
Date Full name of contributor out-of-state PAC(ID#	Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (\$) O2/06/2003 Contributor address; City; State; Zip Code 300.00 Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (\$) description (if application (\$) In-kind contribution (\$) In		San Antonio TX 78215			!
Ms. Denise F. Rios contribution (\$) description (if applicable 02/06/2003 Contributor address; City; State; Zip Code 300.00 300.00	MS. Denise F. Rios Oz/06/2003	Principal occuj	pation (Optional)	10 Employer (Option	al)	
13826 Shavano Glenn San Antonio TX 78230-5818	13826 Shavano Glenn San Antonio TX 78230-5818	Date)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional) Date Full name of contributor	Principal occupation (Optional) Date Full name of contributor	02/06/2003			300.00	
Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (\$)	Date Full name of contributor out-of-state PAC(ID#		San Antonio TX 78230-5818]
Joe G. Rodriguez O3/04/2003 Contributor address; City; State; Zip Code 100.00 Principal occupation (Optional) Date Full name of contributor of Ms. Patricia Y. Rodriguez O2/27/2003 Contributor address; City; State; Zip Code contributor of Ms. Patricia Y. Rodriguez D2/27/2003 Contributor address; City; State; Zip Code contributor of Contribution (S) Date Full name of contributor of Contributor of Contributor of Contributor (S) D2/27/2003 Contributor address; City; State; Zip Code contributor of Contrib	Joe G. Rodriguez O3/04/2003 Contributor address; 1250 NE Loop 410 Suite 930 San Antonio TX 78209 Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#	Principal occup	pation (Optional)	Employer (Optiona	al)	
O3/04/2003 Contributor address; 1250 NE Loop 410 Suite 930 San Antonio TX 78209 Employer (Optional) Date	Contributor address; 1250 NE Loop 410 Suite 930 San Antonio TX 78209 Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#	Date)		In-kind contribution description (if applicable)
Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (fapplicable) 02/27/2003 Contributor address; City; State; Zip Code Unknown San Antonio TX 78205 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC(ID#) Amount of Contribution (\$) In-kind contribution description (if applicable) 02/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	Date Full name of contributor out-of-state PAC(ID#) Amount of Contribution (\$) In-kind contribution (\$) description (if application of Contribution (\$) In-kind contribution (\$) description (if application of Contributor (\$) description (if application out-of-state PAC(ID#) In-kind contribution (\$) In-kind contribution (\$) Date Full name of contributor out-of-state PAC(ID#) Amount of Contribution (\$) In-kind contribution (\$) description (if application out-of-state PAC(ID#) In-kind contribution (\$) In-kind contri	03/04/2003	Contributor address; City; State; Zip Code 1250 NE Loop 410 Suite 930		100.00	
Ms. Patricia Y. Rodriguez Contribution (\$) description (if applicable) O2/27/2003 Contributor address; City; State; Zip Code Unknown San Antonio TX 78205 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC(ID#	Ms. Patricia Y. Rodriguez Contribution (\$) description (if application of applic	Principal occupation (Optional)		Employer (Optional)		
O2/27/2003 Contributor address; City; State; Zip Code Unknown San Antonio TX 78205 Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID# Amount of contribution (f) description (if applicable) O2/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	O2/27/2003 Contributor address; City; State; Zip Code Unknown San Antonio TX 78205 Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#	Date				In-kind contribution description (if applicable)
Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#) Amount of Contribution (\$) In-kind contribution description (if applicable) 02/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	Principal occupation (Optional) Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (\$) description (if application of application of the contributor of contribution (\$) Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	02/27/2003			250.00	
Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution description (if applicable) 02/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	Date Full name of contributor out-of-state PAC(ID#) Amount of Contribution (\$) In-kind contribution (\$) description (if application of Solution (\$) Amount of Contribution (\$) In-kind contribution (\$) description (if application of Solution		San Antonio TX 78205			
Mr. Alfred W. Rohde Jr. O2/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010	Mr. Alfred W. Rohde Jr. O2/11/2003 Contributor address; City; State; Zip Code 9510 La Rue Street San Antonio TX 78217-5010 contribution (\$) description (if application (\$) description (\$)	Principal occup	ation (Optional)	Employer (Optiona	1)	
9510 La Rue Street San Antonio TX 78217-5010	9510 La Rue Street San Antonio TX 78217-5010	Date				In-kind contribution description (if applicable)
Printed and the Control of the Contr	District 1 1 10 10 10 10 10 10 10 10 10 10 10 10	02/11/2003	Contributor address; City; State; Zip Code 9510 La Rue Street		500.00	
Principal occupation (Optional) Employer (Optional)	Principal occupation (Optional) Employer (Optional)		San Antonio TX 78217-5010			
i e e e e e e e e e e e e e e e e e e e		Principal occup	ation (Optional)	Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS RECEIVED SCHEDULE A 1 CITY OF SAN ANTONIO FORMS CICH & SPAC) CITY CLERK

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	The INSTRUCTION	ON GUIDE explains how to complete this form.	2003 AP	റ്റി — 3 otal ചെ es iți s 25/5	2.4 1: 56
2	FILER NAME Mr. Art A. H			3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/11/2003	6 Contributor address; City; State; Zip Code 2906 Wood Knoll		60.00	
		San Antonio TX 78251			
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2003	Contributor address; City; State; Zip Code 6922 Country Dawn		50.00	
		San Antonio TX 78240			j
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2003	Contributor address; City; State; Zip Code 6922 Country Dawn		25.00	
		San Antonio TX 78240			1
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2003	Contributor address; City; State; Zip Code 6805 Rock Road		100.00	
		San Antonio TX 78229			!
	Principal occup	ation (Optional)	Employer (Optional)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/06/2003	Contributor address; City; State; Zip Code 7730 Rocking Horse Lane		500.00	
		Fair Oaks Ranch TX 78015			
	Principal occup	ation (Optional)	Employer (Option	ai)	
			-		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANSE SAN ANTONIO

	CITY CLERK						
_	The Instruct	ION GUIDE explains how to complete this form.	3 APR -3 P L	29 Total pages this	s report: /56		
2	FILER NAMI Mr. Art A.			3 ACCOUNT#			
4	Date	5 Full name of contributor uut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	02/04/2003	6 Contributor address; City; State; Zip Code 807 Fawnway	••••••	100.00			
		San Antonio TX 78258					
9	Principal occup	pation (Optional)	10 Employer (Option	nal)			
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/18/2003	Contributor address; City; State; Zip Code 1112 Brook Ridge Avenue		250.00			
		Allen TX 75002					
	Principal occup	pation (Optional)	Employer (Optional)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/27/2003	Contributor address; City; State; Zip Code 2827 Chisolm Trail		100.00			
		San Antonio TX 78217					
	Principal occup	ation (Optional)	Employer (Option	al)			
	Date	Full name of contributor ut-of-state PAC(ID# Ms. Charlene Smith)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/21/2003	Contributor address; City; State; Zip Code 9802 Kerrville Street		100.00			
		San Antonio TX 78251			 		
	Principal occup	ation (Optional)	Employer (Option	al)	<u> </u>		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/23/2003	Contributor address; City; State; Zip Code 12911 Deer Oak Drive	• • • • • • • • • • • • • • • • • • • •	100.00	Fundraiser food/supplies		
		San Antonio TX 78253					
	Principal occupa	ation (Optional)	Employer (Option	al)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANSCITY OF SAN ANTONIO SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

		CITY	CLERK		
The Instruct	⊓ON GUIDE explains how to complete this form.	2003 APR -3	1 Pott page this	report:	
2 FILER NAM Mr. Art A.			3 ACCOUNT #	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID# Rev. Dr. Walter L. Starks)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/07/2003	6 Contributor address; City; State; Zip Code 11831 Brandon Oaks		500.00		
	San Antonio TX 78253				
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/03/2003	Contributor address; City; State; Zip Code 6231 Rolland Street		250.00		
<u>-</u>	Houston TX 77091			<u> </u>	
Principal occup	pation (Optional)	Employer (Options	al)		
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/01/2003	Contributor address; City; State; Zip Code 415 West French		100.00		
	San Antonio TX 78212				
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/11/2003	Contributor address; City; State; Zip Code 343 Canton		100.00		
	San Antonio TX 78202				
Principal occup	ation (Optional)	Employer (Optional)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/15/2003	Contributor address; City; State; Zip Code 1206 Picardie Drive		50.00		
	San Antonio TX 78219				
Principal occup	ation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS OF SAN ANTONIO CITY CLERK

CHICLERN						
The INSTRUCT	TION GUIDE explains how to complete this form.	2003 APR -3 F	Tg: Tg: Capages this			
2 FILER NAM Mr. Art A.			3 ACCOUNT # 00000000	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ oul-of-state PAC(ID#_Mr. & Mrs. Leon & Edna M. Thomas		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
03/25/2003	6 Contributor address; City; State; Zip Code 1206 Picardie Drive	,	50.00			
	San Antonio TX 78219			1		
9 Principal occu	pation (Optional)	10 Employer (Option	onal)			
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/29/2003	Contributor address; City; State; Zip Code 419 W. Lynwood		200.00			
	San Antonio TX 78212			<u> </u> -		
Principal occup	pation (Optional)	Employer (Optio	nal)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/01/2003	Contributor address; City; State; Zip Code 310 East 71st Street,Apt. 3K		100.00			
	New York NY 10021-5267		1			
Principal occup	pation (Optional)	Employer (Optio	nal)			
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/06/2003	Contributor address; City; State; Zip Code 3838 Lockhill Selma Road Apartment 229 San Antonio TX 78230-1569	• • • • • • • • • • • • • • • • • • • •	75.00			
Principal occup	ation (Optional)	Employer (Option	nal)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/24/2003	Contributor address; City; State; Zip Code 45 NE Loop 410,Suite 560		100.00			
	San Antonio TX 78216					
Principal occup	ation (Optional)	Employer (Option	nal)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY OF SAN ANTONIO

	SCHE	DUL	Ε	Α	1
(FOR	FORMS	C/OH	&	SPA	C)

		CITY	CLERK		
The Instruct	חסא GuiDE explains how to complete this form.	2003 APR -	1 Dialpage Qis	report:	
2 FILER NAMI Mr. Art A.			3 ACCOUNT #	(Ethics Commission filers)	
4 Date	5 Full name of contributor uut-of-state PAC(ID#_Mr. & Mrs. Rich & Georg'a Walsh)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/01/2003	6 Contributor address; City; State; Zip Code 712 Walder Trail		100.00	Fundraiser food/supplies	
	San Antonio TX 78258				
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor uut-of-state PAC(ID#	:	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/04/2003	Contributor address; City; State; Zip Code 712 Walder Trail		400.00		
	San Antonio TX 78258			<u> </u>	
Principal occup	pation (Optional)	Employer (Optiona	ai)		
Date	Full name of contributor	mer)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/06/2003	Contributor address; City; State; Zip Code 11819 Brandon Oaks		200.00		
	San Antonio TX 78253				
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/04/2003	Contributor address; City; State; Zip Code 9003 Hetherington		200.00		
	San Antonio TX 78240		! 		
Principal occup	ation (Optional)	Employer (Optiona	l)		
Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/04/2003	Contributor address; City; State; Zip Code 2103 Harpers Ferry		125.00		
	San Antonio TX 78245				
Principal occup	ation (Optional)	Employer (Optional)		

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SCHEDULE A 1

			SAN ANTONI o Y Clerk		
The INSTRUCT	ION GUIDE explains how to complete this form.	2003 APR	Total pages this	eport:	
FILER NAMI Mr. Art A.			3 ACCOUNT # 00000000	(Ethics Commission filers)	
Date	Navarra R. and Deborah K. Williams)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/18/2003	6 Contributor address; City; State; Zip Code 511 Possum Oak		150.00	 	
	San Antonio TX 78230-5634			[
Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/04/2003	Contributor address; City; State; Zip Code Unknown		200.00	 	
	San Antonio TX 78205			 	
Principal occu	pation (Optional)	Employer (Option	al)	•	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable	
02/06/2003	Contributor address; City; State; Zip Code 3911 Creek Point		100.00		
	San Antonio TX 78230-2063				
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/24/2003	Contributor address; City; State; Zip Code 9102 Autumn Skies		150.00		
	San Antonio TX 78254				
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/06/2003	Contributor address; City; State; Zip Code 9102 Autumn Skies		50.00		
	San Antonio TX 78254				
Principal occur	pation (Optional)	Employer (Option	al)		
	<u> </u>				

The	INSTRUCTION	ON GUIDE explains how to complete this form.	2003 APR -		
	R NAME Art A. F			3 ACCOUNT#	(Ethics Commission filers)
1 Dat				00000000	
Su		5 Full name of contributor ☐ out-of-state PAC(ID#_ Mr. & Mrs. John & Janet Young)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/25	5/2003	6 Contributor address; City; State; Zip Code 9102 Autumn Skies		100.00	
		San Antonio TX 78254			
Princip	pal occup	ation (Optional)	10 Employer (Option	l nal)	
Dat	e	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/06	6/2003	Contributor address; City; State; Zip Code PO Box 18211		500.00	
		San Antonio TX 78218			
Princip	al occupa	ation (Optional)	Employer (Option	ai)	

Texas Ethics Commis	ssion P.O.Box 12070 Austin,	Texas 78711-2070	(512)46	3-5800 1-800-325-8506
LOANS		RECEIVED CITY OF SAN ANT CITY CLERK	ONIO	SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.	2003 APR -3 P	1. 2 Total pages rep	
2 FILER NAME			32/5 3 ACCOUNT #	
Mr. Art A. Hall			00000000	
TOTAL OF UN	ITEMIZED LOANS:	44444	0000000	\$ 0.00
5 Date of loan	7 Name of lender	out-of-state PAC(ID#)	9 Loan Amount (\$)
01/01/2003	Mr. Art A. Hall		·	2687.68
6 Is lender a	8 Lender address; City; State	e; Zip Code		10 Interest rate
financial Institution?	2243 Shady Rock Circle PO Box 866			0.0
N	San Antonio TX 78293			11 Maturity date
40-				05/31/2003
12 Description of Collar	eral			
none	44.11			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
☑ not applicable	15 Guarantor address; City; State	; Zip Code		
17 Principal Occupation	1	18 Employer		

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas	78711-2070			(512)463-	5800	1-800-3	25-8506
POLITI	CAL EXPENDITURES	RECEIV SITY OF SAN CITY CLI	ED ANTON ERK	110		SCH	EDULE	F
The Instruction	_	1003 APR -3		29	Total pages re	port:		
2 FILER NAMI Mr. Art A. I	=			3	ACCOUNT 00000000	# (Ethics Co	ommission filers)	
4 Date 01/15/2003	5 Payee name AT&T Wireless 6 Payee address; City; State; Zip Code PO Box 8220 Aurora IL 60572-8220	. , e					Amount (\$) 119.84	
8 Purpose of exp information red 1/2 mobile bi	• •	9 Complete if Candidate / C			ure to benefit Offi	C/OH ··	Office held	
Date 02/11/2003	Payee name AT&T Wireless Payee address; City; State; Zip Code PO Box 8220 Aurora IL 60572-8220						Amount (\$) 195.58	
Purpose of exp information red 1/2 mobile bi	•	Complete if Candidate / O			ure to benefit	C/OH · · ce sought	Office held	
Date 03/21/2003	Payee name AT&T Wireless Payee address; City; State; Zip Code PO Box 8220 Aurora IL 60572-8220						Amount (\$) 196.23	
Purpose of exp information req 1/2 mobile bil	•	Complete if Candidate / O			ure to benefit Office	C/OH ** e sought	Office held	
Date 01/08/2003	Payee name Allied Advertising Payee address; City; State; Zip Code 3700 Blanco Road San Antonio TX 78212						Amount (\$) 500.00	
Purpose of exp information req Signs downpa	·	Complete if Candidate / Oi			ure to benefit Offic	C/OH *** e sought	Office held	

<u>Texas Ethics Commission</u> P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F DECEMEN

		CITY OF SAN ANTONIO CITY CLERK	OONEDOLL 1
The Instructi	ON GUIDE explains how to complete this form.	2003 APR -3 P 4: 24 Total pages re	port:
2 FILER NAM Mr. Art A.	—	3 ACCOUNT 00000000	# (Ethics Commission filers)
4 Date	5 Payee name	7	
01/21/2003	Allied Advertising		(\$) 524.86
	6 Payee address; City; State; Zip C	Code	02 1.QQ
	3700 Blanco Road		
	San Antonio TX 78212		
Purpose of ex information re- Signs payme		9 Complete if direct expenditure to benefit Candidate / Officeholder name Officeholder name	C/OH · · · ce sought Office held
Date	Payee name		Amount
02/21/2003	Allied Advertising		(\$) 500.00
	Payee address; City; State; Zip C	code	000.00
	3700 Blanco Road		
	San Antonio TX 78212		
Purpose of ex	penditure (See instructions regarding type of	Complete if direct expenditure to benefit	С/ОН ••
information red Signs downp	• /	Candidate / Officeholder name Offic	ce sought Office held
-	,		
Date	Payee name		Amount
03/04/2003	Allied Advertising	1	(\$) 522.00
	Payee address; City; State; Zip C	ode	322.00
	3700 Blanco Road		
	San Antonio TX 78212	1	
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditure to benefit	
information red Signs payme	· · · · · ·		ce sought Office held
Date	Payee name		Amount
02/06/2003	Bob's Printing		(\$) 307.85
	Payee address; City; State; Zip Ci	ode	307.30
	1626 Fredericksburg Road		
	San Antonio TX 78201		
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditure to benefit (
information red Handout	juired.)	Candidate / Officeholder name Offic	e sought Office held

Texas Ethics Cor	mmission P.O.Box 12070 Austin, Texas	s 78711-2070	(512)463-5800	1-800-325-850
POLITI	ICAL EXPENDITURES	RECEIV CITY OF SAN	VED SC Antonio	HEDULE F
The Instructi	ION GUIDE explains how to complete this form.	2003 APR -3	1 Total pages report:	
2 FILER NAMI Mr. Art A. I	—		3 ACCOUNT # (Ethics 00000000	Commission filers)
4 Date 02/28/2003	 5 Payee name Ms. Joyce Ann Brown 6 Payee address; City; State; Zip Cod 5921 Shady Crest Trail Dallas TX 75241 	le	7	Amount (\$) 500.00
Purpose of exp information red Return of cor		9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH anne Office sought	Office held
Date 02/11/2003	Payee name Ms. Ariel Cannon Payee address; City; State; Zip Code 1833 West Grammercy Place San Antonio TX 78201	e		Amount (\$) 300.00
information red	penditure (See instructions regarding type of quired.) re contract labor	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought	Office held
Date 02/11/2003	Payee name Color Imaging Payee address; City; State; Zip Code 8452 Fredricksburg Road,#170 San Antonio TX 78229			Amount (\$) 365.00
Purpose of exp information req Handout	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ** ame Office sought	Office held
Date	Payee name			Amount
02/06/2003	County Line Restaurant Payee address; City; State; Zip Code 10101 West I10 San Antonio TX 78230	· · · · · · · · · · · · · · · · · · ·		(\$) 210.73
Purpose of exp information req Announcement	•	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH *** ame Office sought	Office held

POLITI	CAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete this form.		7003 APR - 3 Total pages report: 29
2 FILER NAME Mr. Art A. Hall		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 02/06/2003	 Fayee name Mr. Sidney Dixon Payee address; City; State; Zip Code 14745 Babcock, Suite #706 San Antonio TX 78249 	7 Amount (\$) 200.00
8 Purpose of expendence of expendence of the purpose of expendence of the purpose of expendence of the purpose of expendence of	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/21/2003	Payee name Gnu Group Payee address; City; State; Zip Code 14745 Babcock,Suite #706 San Antonio TX 78249	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) Yard signs down payment		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/21/2003	Payee name Gnu Group Payee address; City; State; Zip Code 14745 Babcock,Suite #706 San Antonio TX 78249	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Piece design		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/08/2003	Payee name Gnu Group Payee address; City; State; Zip Code 14745 Babcock,Suite #706 San Antonio TX 78249	Amount (\$) 400.00
Purpose of exp information red Piece design	•	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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The Instruct	TION GUIDE explains how to complete this form.	2003 APR - 3 P 4: 29 _{Total pages report: 37/56}		
FILER NAM Mr. Art A.		3 ACCOL 000000	JNT # (Ethics Commission filers)	
Date 03/08/2003	 Fayee name Gnu Group Payee address; City; State; Zip C 14745 Babcock,Suite #706 San Antonio TX 78249 	code	7 Amount (\$) 397.79	
Purpose of ex information re Yard signs p		9 Complete if direct expenditure to be Candidate / Officeholder name	nefit C/OH ** Office sought Office held	
Date 03/18/2003	Payee name Gnu Group Payee address; City; State; Zip C 14745 Babcock,Suite #706 San Antonio TX 78249	code	Amount (\$) 2047.25	
information re	penditure (See instructions regarding type of equired.) stage,printing	Complete if direct expenditure to be Candidate / Officeholder name	nefit C/OH · · · Office held	
information re	equired.)	Candidate / Officeholder name		
Date	Payee name Greater Chamber of Commerce Payee address; City; State; Zip C 602 E. Commerce San Antonio TX 78205 Expenditure (See instructions regarding type of equired.)	Candidate / Officeholder name	Amount (\$) 150.00	
Date 03/24/2003 Purpose of exinformation re	Payee name Greater Chamber of Commerce Payee address; City; State; Zip C 602 E. Commerce San Antonio TX 78205 Expenditure (See instructions regarding type of equired.)	Candidate / Officeholder name Code Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 150.00	

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		CITY OF SAN ANTONIO CITY CLERK		
The INSTRUCT	ON GUIDE explains how to complete this form.	2003 APR -3 P 4: 2 Total pages re 38/56	port:	
PILER NAMI Mr. Art A. I		3 ACCOUNT 00000000	# (Ethics Commission filers)	
4 Date 02/11/2003	5 Payee name HEB 6 Payee address; City; State; Zip C 14610 Huebner San Antonio TX 78230	Code	Amount (\$) 86.26	
Purpose of exp information red Flowers	spenditure (See instructions regarding type of equired.)	9 Complete if direct expenditure to benefit Candidate / Officeholder name Offi	C/OH •• ce sought Office held	
Date 03/23/2003	Payee name HEB Payee address; City; State; Zip C 14610 Huebner San Antonio TX 78230	Code	Amount (\$) 8.81	
information red	penditure (See instructions regarding type of quired.) nacks for volunteers	Complete if direct expenditure to benefit Candidate / Officeholder name Officeholder name	C/OH •• De sought Office held	
Date 02/11/2003	Payee name Mr. Art A. Hall Payee address; City; State; Zip C 2243 Shady Rock Circle PO Box 866 San Antonio TX 78293	Code	Amount (\$) 2000.00	
Purpose of exp information red Loan reimbur	, ,	Complete if direct expenditure to benefit Candidate / Officeholder name Office	C/OH ** Description of the second of the se	
Date 02/15/2003	Payee name Mr. Art A. Hall Payee address; City; State; Zip C 2243 Shady Rock Circle PO Box 866 San Antonio TX 78293	Code	Amount (\$) 400.00	
Purpose of exp information red Loan reimbur	• /	Complete if direct expenditure to benefit Candidate / Officeholder name Office	C/OH ** be sought Office held	

POLITICAL EXPENDITURES RECEIVED

	CITY OF	TY CLERK		
The Instruction	ON GUIDE explains how to complete this form []	R-3 P 4:29	1 Total pages re 39/56	port:
2 FILER NAMI Mr. Art A. I			3 ACCOUNT 00000000	# (Ethics Commission filers)
4 Date	5 Payee name		1:	
03/04/2003	Mr. Art A. Hall		İ	(\$) 501.50
	6 Payee address; City; State; Zip Code			
	2243 Shady Rock Circle PO Box 866 San Antonio TX 78293			
information re-	penditure (See instructions regarding type of quired.) lent for block walkers	9 Complete if direct exp Candidate / Officeholder		C/OH •• ice sought Office held
Date	Payee name			Amount
03/20/2003	Mr. Art A. Hall			(\$) 500.00
	Payee address; City; State; Zip Code			300.00
	2243 Shady Rock Circle			
	PO Box 866 San Antonio TX 78293			
Purpose of ex information re	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder		C/OH ** ice sought Office held
Loan reimbu	• /			
Date	Payee name	and the second s		Amount
03/31/2003	Mr. Art A. Hall			(\$) 300.00
	Payee address; City; State; Zip Code			
	2243 Shady Rock Circle PO Box 866 San Antonio TX 78293			
Purpose of ex	penditure (See instructions regarding type of	Complete if direct exp	penditure to benefi	C/OH ·
information re Loan reimbu	quired.)	Candidate / Officeholder	name Of	ice sought Office held
Loan reimbo	isement			
Date	Payee name			Amount
02/05/2003	Ms. Carolyn Heath			(\$) 479.87
	Payee address; City; State; Zip Code			
	111 Limestone Oak			
	San Antonio TX 78230			
	penditure (See instructions regarding type of	Complete if direct exp	penditure to benefi	
information re Fundraising	quired.) fee,reimbursement for postage/supplies	Candidate / Officeholder	name Of	fice sought Office held

Texas Ethics Commission P.O.Box 12070 RECEIVED CITY OF SAN ANTONIO CITY CLERK POLITICAL EXPENDITURES SCHEDULE F 2003 APR -3 P t: 39 pages report: The INSTRUCTION GUIDE explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00000000 Mr. Art A. Hall Date 5 Payee name Amount 03/06/2003 Ms. Carolyn Heath 497.47 6 Payee address; City; State; Zip Code 111 Limestone Oak San Antonio TX 78230 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office held Fundraising fee, reimbursement for postage/supplies Date **Amount** Payee name (\$) 03/28/2003 Ms. Carolyn Heath 45.00 Payee address; City; State; Zip Code 111 Limestone Oak San Antonio TX 78230 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office sought Office held Fundraising fee Date Payee name Amount 01/05/2003 Kinko's 5.18 Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name information required.) Office held Copies Date Payee name **Amount** 01/05/2003 Kinko's 8.80 Payee address: City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Copies

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		CITY OF SAN CITY CL	ERK
The Instruction	ION GUIDE explains how to complete this form.	2003 APR - 3 P 1461 3 Gs report:	
FILER NAM Mr. Art A.			3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 01/11/2003	 5 Payee name Kinko's 6 Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229 		7 Amount (\$) 3.37
Purpose of ex information re Copies	openditure (See instructions regarding type of equired.)	9 Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH ** name Office sought Office held
Date 01/11/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229		Amount (\$) 222.74
information re	Lenditure (See instructions regarding type of	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH name Office sought Office held
Date 02/12/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229		Amount (\$) 5.18
Purpose of ex information re Copies	penditure (See instructions regarding type of equired.)	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH ** name Office sought Office held
Date 02/12/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229		Amount (\$) 8.40
Purpose of ex information re Computer us	•	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH name Office sought Office held

RECEIVED SCHEDULE F

	CITY OF SAN ANTONIO CITY CLERK			
The Instructi	ON GUIDE explains how to complete this form.	2003 APR -3	P t day p 30 report: 42/56	
2 FILER NAMI Mr. Art A. I			3 ACCOUN 00000000	T # (Ethics Commission filers)
4 Date 02/12/2003	6 Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229			7 Amount (\$) 7.77
information red	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r		fit C/OH ** Office sought Office held
Date 02/18/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229	e		Amount (\$) 16.07
Purpose of ex information red Computer us	• •	Complete if direct exp Candidate / Officeholder n		fit C/OH Office sought Office held
Date 02/27/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229	 Э		Amount (\$) 76.15
Purpose of ex information red Computer us	. ,	Complete if direct exp Candidate / Officeholder n		fit C/OH ** Office sought Office held
Date 03/01/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229			Amount (\$) 6.64
Purpose of ex information red Copies	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n		fit C/OH ** Office sought Office held

POLITICAL EXPENDITURES RECEIVED CITY OF SAN ANTONIO

		CITY CLERK	
The Instructi	ON GUIDE explains how to complete this form. 2003	MPR -3 ₽ 4 30	1 Total pages report: 43/56
2 FILER NAMI Mr. Art A. I			3 ACCOUNT # (Ethics Commission filers) 000000000
4 Date 03/01/2003	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229 penditure (See instructions regarding type of	•	7 Amount (\$) 25.87
information red Paper reams	quired.)	Candidate / Officeholder	
Date 03/15/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229		Amount (\$) 57.44
Purpose of ex information red Computer us	• •	Complete if direct exp Candidate / Officeholder	nenditure to benefit C/OH •• name Office sought Office held
Date 03/15/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229	 Э	Amount (\$) 54.56
Purpose of ex information red Compuer use		Complete if direct exp Candidate / Officeholder	venditure to benefit C/OH " name Office sought Office held
Date 03/27/2003	Payee name Kinko's Payee address; City; State; Zip Code 3740 NW Loop 410 San Antonio TX 78229		Amount (\$) 6.21
Purpose of ex information red Copies	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held

POLITICAL EXPENDITURES RECEIVED

	CHY	CITY CLERK	
The INSTRUCT	ION GUIDE explains how to complete this form []]]] A	PR -3 P 4: 30	1 Total pages report: 44/56
2 FILER NAM Mr. Art A.			3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 02/28/2003	 5 Payee name Mr. Sylvan Lang 6 Payee address; City; State; Zip Code 8207 Callaghan,Suite 350 San Antonio TX 78230 		7 Amount (\$) 1000.00
Purpose of ex information re- Return of con		9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH · · · ame Office sought Office held
Date 03/21/2003	Payee address; City; State; Zip Code 3409 Triola Drive San Antonio TX 78230		Amount (\$) 270.00
Purpose of exp information red Rebar	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH · · · name Office sought Office held
Date 03/27/2003	Payee name Mr. Arnold Martinez Payee address; City; State; Zip Code 3409 Triola Drive San Antonio TX 78230		Amount (\$)
information red	obenditure (See instructions regarding type of puried.) ent for HEB/Sam's food for event	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought Office held
Date 01/29/2003	Payee name Ms. Deborah Martinez Payee address; City; State; Zip Code 3409 Triola San Antonio TX 78230		Amount (\$) 500.00
information req	penditure (See instructions regarding type of juired.) aterials,postage	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ** ame Office sought Office held

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7		(512)463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES CIT	RECEIVED Y OF SAN ANTONIO CITY CLERK	sc	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.	APR -3 P # 30	1 Total pages report: 45/56	
2 FILER NAMI Mr. Art A. I			3 ACCOUNT # (Ethic 00000000	s Commission filers)
4 Date	5 Payee name		7	Amount
02/05/2003	Ms. Deborah Martinez			(\$) 2500.00
	6 Payee address; City; State; Zip Code 3409 Triola			
	San Antonio TX 78230			
information re-	penditure (See instructions regarding type of quired.) nanagement fee	9 Complete if direct expe Candidate / Officeholder no	enditure to benefit C/OH ame Office soughi	
Date	Payee name			Amount
02/06/2003	Ms. Deborah Martinez			(\$) 100.00
02/00/2000				100.00
	Payee address; City; State; Zip Code 3409 Triola			
Durnose of ev	San Antonio TX 78230 penditure (See instructions regarding type of	Complete if direct eyes	enditure to benefit C/OH	• •
information re Petty cash	quired.)	Candidate / Officeholder n		
Date	Payee name			Amount
02/07/2003	Ms. Deborah Martinez			(\$) 375.00
	Payee address; City; State; Zip Code			
	3409 Triola			
	San Antonio TX 78230			
	penditure (See instructions regarding type of		enditure to benefit C/OH	
information re Reimbursme	ent for Bob's Printing downpayment	Candidate / Officeholder n	ame Office sough	€ Office held
Date	Payee name			Amount
02/11/2003	Ms. Deborah Martinez		1	(\$) 300.00
				300.00
	3409 Triola			
Durran of	San Antonio TX 78230	Complete if direct even	anditure to baneft C/OH	••
information re	• •	Candidate / Officeholder n	enditure to benefit C/OH name Office sough	
Election add	dresses/data			

l exas Ethics Cor	mmission P.O.Box 12070 Austin, Texas	78711-2070 RECEIVED	(512)463-5800	1-800-325-850
POLIT		Y OF SAN ANTONIO CITY CLERK		HEDULE F
The Instructi	ION GUIDE explains how to complete this form.	3 APR -3 P U: 30	1 Total pages report: 46/56	
2 FILER NAM Mr. Art A.			3 ACCOUNT # (Ethica 00000000	s Commission filers)
4 Date	5 Payee name		7	Amount
02/15/2003	Ms. Deborah Martinez 6 Payee address; City; State; Zip Code 3409 Triola San Antonio TX 78230			(\$) 100.00
8 Purpose of ex information re-	penditure (See instructions regarding type of	9 Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought	
Date 02/21/2003	Payee name Ms. Deborah Martinez Payee address; City; State; Zip Code 3409 Triola San Antonio TX 78230			Amount (\$) 625.00
Purpose of ex information red Block walker		Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ame Office sought	• Office held
Date 03/04/2003	Payee name Ms. Deborah Martinez Payee address; City; State; Zip Code 3409 Triola San Antonio TX 78230			Amount (\$) 500.00
Purpose of exp information red Block walker	• • • •	Complete if direct expe Candidate / Officeholder na	enditure to benefit C/OH ** Ame Office sought	• Office held
Date	Payee name			Amount
03/08/2003	Ms. Deborah Martinez Payee address; City; State; Zip Code 3409 Triola San Antonio TX 78230			(\$) 625.00
Purpose of exp information red Block walkers	• •	Complete if direct expe Candidate / Officeholder na	nditure to benefit C/OH ** ame Office sought	Cffice held

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		CITY OF SAN ANTONIO CITY CLERK	OONEDOLL 1
The INSTRUCT	ON GUIDE explains how to complete this form.	2003 APR - 3 Р1 Цгод 6 де 47/56	es report:
P. FILER NAMI Mr. Art A. I		3 ACCOU 000000	NT # (Ethics Commission filers)
Date	5 Payee name		7 Amount
03/21/2003	Ms. Deborah Martinez 6 Payee address; City; State; Zip Cod 3409 Triola San Antonio TX 78230		(\$) 100.00
Purpose of ex information re- Petty cash	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH ** Office sought Office held
Date	Payee name		Amount
03/21/2003	Ms. Deborah Martinez Payee address; City; State; Zip Cod 3409 Triola San Antonio TX 78230		(\$) 100.00
Purpose of ex information re Petty cash	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH · · Office held
Date	Payee name		Amount
03/21/2003	Ms. Deborah Martinez Payee address; City; State; Zip Cod 3409 Triola San Antonio TX 78230		(\$) 201.25
information re-	penditure (See instructions regarding type of quired.) fee,reimbursement for postage/supplies	Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH ** Office sought Office held
Date	Payee name		Amount
01/01/2003	Office Depot Payee address; City; State; Zip Cod 3713 Colony Drive San Antonio TX 78230		(\$) 2.58
Purpose of ex information re- Calendar	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to ber Candidate / Officeholder name	nefit C/OH " Office held

Texas Ethics Commission

POLITI	ICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instructi	ON GUIDE explains how to complete this form.	2003 APR -3 Total Ges report:
2 FILER NAMI Mr. Art A. I		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 01/06/2003 8 Purpose of exinformation re-	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 3713 Colony Drive San Antonio TX 78230 penditure (See instructions regarding type of	7 Amount (\$) 4.29 Complete if direct expenditure to benefit C/OH Candidate / Office held Office sought Office held
Envelopes	quirea.y	California Politica India Politica India
Date 01/18/2003	Payee name Office Depot Payee address; City; State; Zip Code 3713 Colony Drive San Antonio TX 78230	Amount (\$) 79.75
Purpose of ex information re Cartridges,e	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 02/25/2003	Payee name Office Depot Payee address; City; State; Zip Code 3713 Colony Drive San Antonio TX 78230	Amount (\$) 186.14
Purpose of ex information re Print cartrido	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/15/2003	Payee name Office Depot Payee address; City; State; Zip Code 3713 Colony Drive San Antonio TX 78230	Amount (\$) 29.48
Purpose of ex information re Envelopes,c	•	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

	50177#R0180 17X 70200		
Purpose of ex information re- Cardstock	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH THE STATE OF TICE HELD
Date 03/27/2003	Payee name Party City		Amount (\$) 64.73
	Payee address; City; State; Zip Codi 4923 NW Loop 410 San Antonio TX 78229	e	
Purpose of ex information red Supplies	penditure (See instructions regarding type of	Complete if direct expenditure to bene Candidate / Officeholder name	fit C/OH ** Office sought Office held

Purpose of expenditure (See instructions regarding type of information required.) Photo contact sheet/reprints		Complete if direct expenditure to benefit C/ Candidate / Officeholder name Office	efit C/OH Office sought Office held	
Date 01/11/2003	Payee name Pizza Hut		Amount (\$) 22.00	
	Payee address; City; State; Zip Cod Unknown San Antonio TX 78205	e		
Purpose of exp information req Pizza for bloc	•	Complete if direct expenditure to benefit C/ Candidate / Officeholder name Office s		

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The INSTRUCT	ON GUIDE explains how to complete this form.	2003 APR - 3 1150 120 13 1750		
2 FILER NAMI Mr. Art A. I		3 ACCOU	NT # (Ethics Commission filers)	
4 Date 02/01/2003	6 Payee address; City; State; Zip Coo Unknown San Antonio TX 78205	de	7 Amount (\$) 32.76	
8 Purpose of ex information received Pizza for blo-		9 Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH Office sought Office held	
Date 02/11/2003	Payee name Mr. Fernando Rangel Payee address; City; State; Zip Cod Unknown San Antonio TX 78205	de	Amount (\$) 500.00	
Purpose of ex information red Sign manage	·	Complete if direct expenditure to ben Candidate / Officeholder name	efit C/OH · · Office held	
Date 03/27/2003	Payee name Mr. Fernando Rangel Payee address; City; State; Zip Cod Unknown San Antonio TX 78205	de	Amount (\$) 150.00	
Purpose of exp information red Contract labo	• •	Complete if direct expenditure to ben- Candidate / Officeholder name	efit C/OH ** Office sought Office held	
Date 03/07/2003	Payee name Southwest Airlines Payee address; City; State; Zip Cod Unknown Dallas TX 75201		Amount (\$) 229.00	
Purpose of exp information red Lubbock fund	. ,	Complete if direct expenditure to ben- Candidate / Officeholder name	efit C/OH Office sought Office held	

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		CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruct	пом Guide explains how to complete this form.	2003 APR -3 P #: 30 pages 52/56	report:
2 FILER NAM Mr. Art A.	·· ·	3 ACCOUN 00000000	JT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount
03/14/2003	Southwestern Bell Telephone		(\$) 53.02
	6 Payee address; City; State; Zip Cod PO Box 4844	de	33.52
8 Purpose of ex	Houston TX 77097-0079 xpenditure (See instructions regarding type of		
information re	quired.)	9 Complete if direct expenditure to beneft Candidate / Officeholder name O	fit C/OH ** Office sought Office held
Date	Payee name		Amount
02/11/2003	Southwestern Bell		(\$) 94.44
	Payee address; City; State; Zip Cod	de	~
	St. Mary's Street		
	San Antonio TX 78205		
Purpose of ex information red Phone bill	xpenditure (See instructions regarding type of equired.)	Complete if direct expenditure to benefi Candidate / Officeholder name of	fit C/OH · · Office held
Date	Payee name		Amount
02/15/2003	St. Matthew's School		(\$) 370.00
	Payee address; City; State; Zip Code	de	v.
	Wurzbach		
	San Antonio TX 78230		
Purpose of exp information rec Gala ticket,ac		Complete if direct expenditure to benefit Candidate / Officeholder name Of	it C/OH *** ffice sought Office held
Date	Payee name		Amount
03/27/2003	Turtle Creek		(\$) 175.00
	Payee address; City; State; Zip Code	le	
	3830 Parkdale		
	San Antonio TX 78229		
Purpose of exp information req Band	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit Candidate / Officeholder name Off	t C/OH ** ffice sought Office held

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POLITI	CAL EXPENDITURES	RECEIVED CITY OF SAN ANT CITY CLERK	SCHEI ONIO	DULE F
The Instruction	ON GUIDE explains how to complete this form.	2003 APR -3 P	1.3 Jal pages report:	
2 FILER NAME Mr. Art A. I			3 ACCOUNT # (Ethics Commit 00000000	ssion filers)
4 Date	5 Payee name		7 An	nount
03/27/2003	Turtle Creek 6 Payee address; City; State; Zip Code 3830 Parkdale			(\$) 300.00
8 Purpose of expinformation red Ballroom ren		9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held
Date	Payee name		An	nount
01/06/2003				(\$) 38.43
	Payee address; City; State; Zip Code Downtown Station			
	San Antonio TX 78205-9998			
Purpose of exp information red Stamps	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH •• ame Office sought to	Office held
Date	Payee name		Am	ount
01/21/2003	U.S. Postal Service			(\$)
01/21/2005				74.00
	Payee address; City; State; Zip Code			
	Downtown Station			
	San Antonio TX 78205-9998			
Purpose of exp information red Stamps	penditure (See instructions regarding type of juired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought (Office held
Date	Payee name		Arr	ount
02/01/2003	U.S. Postal Service			\$)
				23.00
	Payee address; City; State; Zip Code Downtown Station			
	San Antonio TX 78205-9998			
Purpose of exp information req Stamps	enditure (See instructions regarding type of	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought (Office held

Date Payee		
	ame	Amount
03/23/2003 U.S. P	ostal Service	(\$) 333.00
	ddress; City; State; Zip Code wn Station	
San An	onio TX 78205-9998	

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GILLOTEIN					
The INSTRUCTION	ON GUIDE explains how to complete this form. 2003	PR -3 P 4:30	1 Total pages report: 55/56		
2 FILER NAME Mr. Art A. F			3 ACCOUNT # (Ethics Con 000000000	nmission filers)	
4 Date 01/01/2003	 Fayee name Wal-Mart Payee address; City; State; Zip Code 5555 DeZavala San Antonio TX 78230 		7	Amount (\$) 34.24	
information red	penditure (See instructions regarding type of quired.) rk board,clipboards	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held	
Date 01/05/2003	Payee name Wal-Mart Payee address; City; State; Zip Code 5555 DeZavala San Antonio TX 78230			Amount (\$) 73.62	
information red	penditure (See instructions regarding type of quired.) g/office supplies	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH *** name Office sought	Office held	
Date 02/11/2003	Payee name Wal-Mart Payee address; City; State; Zip Code 5555 DeZavala San Antonio TX 78230			Amount (\$) 51.53	
information red	oenditure (See instructions regarding type of quired.) none/answering machine	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held	
Date 01/21/2003	Payee name Web-Hed Technologies,Inc. Payee address; City; State; Zip Code 1617 E. Commerce,Suite 4101 San Antonio TX 78205			Amount (\$) 679.95	
Purpose of exp information red Website desi	• •	Complete if direct exp Candidate / Officeholder r	penditure to benefit C/OH *** name Office sought	Office held	

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POLIT	ICAL EXPENDITURES	ECEIVED F SAN ANTONIO	S	SCHEDULE F
The Instructi	ION GUIDE explains how to complete this form.	P 4:30	1 Total pages report: 56/56	
2 FILER NAM Mr. Art A.	E	#-3 - 4- 20	3 ACCOUNT # (E 00000000	thics Commission filers)
4 Date	5 Payee name		7	Amount
03/08/2003	Web-Hed Technologies,Inc. 6 Payee address; City; State; Zip Code 1617 E. Commerce,Suite 4101 San Antonio TX 78205			(\$) 53.67
8 Purpose of ex information re- Website hos		9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/Oh name Office sou	
Date 02/04/2003	Payee name Wolf Camera Payee address; City; State; Zip Code NW Military San Antonio TX 78230			Amount (\$) 29.06
Purpose of exp information red Photo copies		Complete if direct exp Candidate / Officeholder	penditure to benefit C/Ol- name Office sout	
Date 03/25/2003	Payee name Wolf Camera Payee address; City; State; Zip Code NW Military San Antonio TX 78230			Amount (\$) 58.12
Purpose of exp information red Photo copies	· /	Complete if direct exp Candidate / Officeholder i	penditure to benefit C/OH name Office soug	